

[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]

		in the second second	2024]
			;
Form of Nomination for Death Insurance for CTC Employees			
I SHAH JEB MAN SIDING BUT			
I SHAH JEB (HAM) s/d/w/o CHAN May Charbearing CNIC # 91909-0995/907 working as CHAN hereby hereby			
nominate the person/ persons montant life working as hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
and amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	0 10	
Nominees	Actuationship.	Specification of Share	Contact Number
Rout 101			
1 1 1 1 Chan	Brother	100%	03469699953
Rigar			
Rauf Ichan Rigz khun	Brother	100%	03089191991
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship		
Nominees	relationsinp	Specification of Share	Contact Number
Rauf Khem	0		
They Khen	Bro	100%	03469699953
I hereby certified that the above noted member(s) of my family			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*		and of no effect	
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DATED:		SIGNATURE OR THUMB IMPRESSION OF	
5 log las		THE EMPLOYEE	